Transforming MIMS and Ensuring Accountability and Quality in New Hampshire's Behavioral Health Services

Department of Health and Human Services

Division of Community Based Care Services

Bureau of Behavioral Health

State of NH

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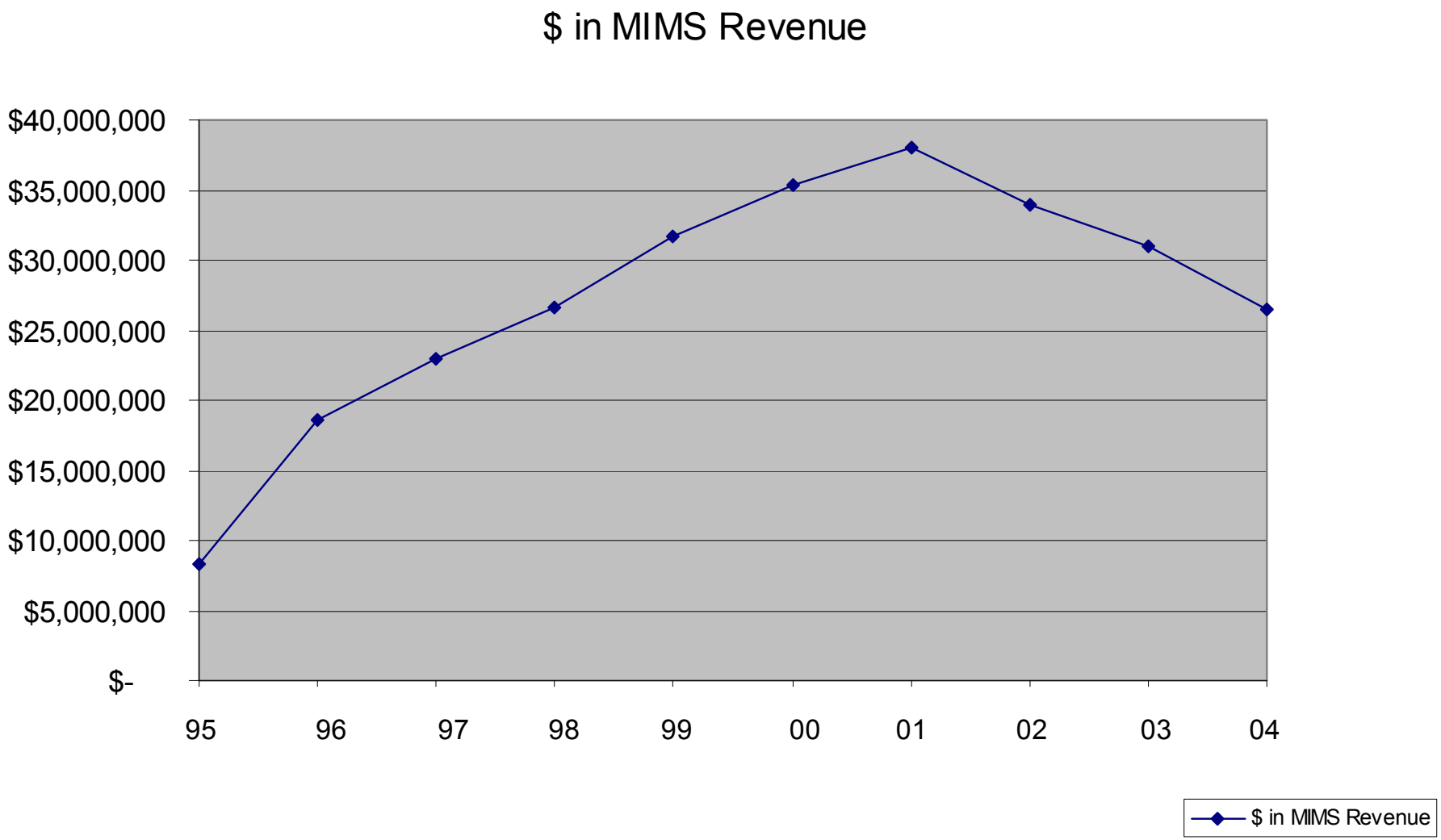
Revenue History for Mental Illness Management Services [MIMS]

We would like to open with an illustration of the revenue history for Individual MIMS…


$ in MIMS Revenue
$40,000,000
$35,000,000
$30,000,000
$25,000,000
$20,000,000
$15,000,000
$10,000,000
$5,000,000
$-
95
96
97
98
99
00
01
02
03
04
$ in MIMS Revenue

I. Desired Objectives

- The current service known as MIMS will be eliminated by July 1, 2005
- Funding will be aligned with the cost of providing services
- A simplified, accountable reimbursement system with built-in cost-containment
- Reimbursed Services will be highly specified, measurable, and cost-effective

Desired Objectives, continued

- Reimbursement will be focused on paying for a highly specified select set of services proven to work
- Conceptual model will address the need to create funding to:
  - Support the provision of Emergency Services [in FY 03, had a deficit of $3.5M]
  - Support the care of individuals who meet eligibility requirements for BBH funded services, but are considered “indigent”
    - » Comprehensive analysis will need to be done to determine fund amount
- Changes made will be budget neutral to BBH, not necessarily the provider

Phasing out MIMS…

- By the end of this fiscal year, the current service array known as “Individual MIMS” will be eliminated.
- MIMS will be replaced with a new program, referred to at this point as “Individualized Resiliency and Recovery Oriented Services Program” or IROS

Individualized Resiliency and Recovery Oriented Services Program: IROS Description

- The IROS program has 2 primary components:

  1. Five evidence based practices (EBPs) will make up the core of highly specified service definitions for IROS

  and

  2. A set of complementary services whose primary objective is to support, reinforce and apply the skills developed through the Evidenced Based Practices.

Why EBPs ?

- We need to pay for what works
- We need to know what we are paying for
- We need to pay for what we can measure
- We need to use Medicaid dollars for services that are promoted by CMS
- CMS is promoting state initiatives to implement and build payments around EBPs (e.g. our IMR implementation is a CMS Real Choice grant)

II. Transforming Services

Replacing MIMS with EBPs and Complementary Services

A System-wide Paradigm Shift:

Paying for a Specified Set of Services with Proven Effectiveness and Outcomes

IROS Program

- IMR
- Skills Training
- IDDT
- Family Psycho-Education
- Supported Employment
- Medication Education
- Symptom Management
- Family Support
- Therapeutic Behavioral Services

Individualized Resiliency and Recovery Oriented Services Program: IROS Components

- 5 Evidenced Based Practices
  - Illness Management and Recovery  [More]
  - Skills Training  [More]
  - Family Psycho-Education  [More]
  - Integrated Dual Disorders Treatment  [More]
  - Supported Employment  [More]

1) Illness Management and Recovery (IMR)

- **GOAL:** To help consumers learn to manage their symptoms of a mental illness in order to reduce their susceptibility to relapses, and to function more effectively in their community
- A model for collaboration between mental health providers and consumers to support consumers in their recovery process
- Time-limited curriculum

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Learn More

Illness Management & Recovery
9 Skill Areas

- Recovery strategies
- Practical facts about schizophrenia
- The stress vulnerability model and treatment strategies
- Building social support
- Using medications effectively
- Reducing Relapses
- Coping with Stress
- Coping with Persistent Problems
- Getting Your Needs Met in the Mental Health System

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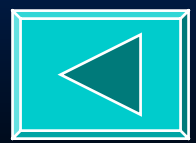
2) Skills Training

- **Goal:** To enhance the ability of consumers to live independently, to minimize use of acute emergency and hospital services, and to promote recovery
- Group-based training in social skills, community-living skills, medication self-management, and illness self-management
- Time-limited
- Complemented by community-based practice sessions



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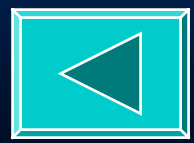
3) Co-occurring Disorders: Integrated Dual Disorders Treatment (IDDT)

- GOAL: Integrated, concurrent treatment of substance abuse and mental illness by dually trained providers
- Integrated services
  - Mental health and substance abuse services are provided by the same team
- Stage-wise services
  - Different services offered at different stages of treatment



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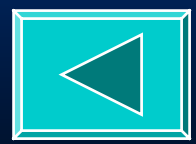
Co-occurring Disorders: Recovery Model

- Goals are driven by consumer preference
- Services are provided with unconditional respect and compassion
- Practice provider shares responsibility for helping consumer with motivation for recovery
- Practice focuses on consumer goals and improving consumer's functioning
- Consumer choice and shared decision making are important



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4) Family Psycho-education (FPE)

- **Goal:** To help families and consumers better understand mental illness and acquire skills to work together towards recovery.
- Recognizes the family's important role in the recovery process.
- Helps clinicians support markedly better outcomes for consumers and families.
- Core Elements: Family education, problem solving, interactional change, structural change, multi-family contract

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5) Supported Employment (SE)

- **Goal:** To assist consumers in obtaining competitive employment
- Placement in work settings of the consumer's choice with on-the-job training complemented by support from trained mental health professionals
- The work pays at least minimum wage
- People are employed in a work setting that includes non-disabled co-workers
- Service agency provides ongoing support
- Intended for consumers with a desire to work
- Includes people with the most severe disabilities

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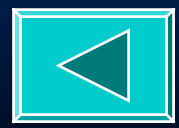
[Learn More]

Principles of Supported Employment

- Eligibility for Supported Employment services is based on consumer choice
- Consumer preferences are important
- Supported employment is integrated with mental health treatment
- Competitive employment is the goal
- Job search process starts soon after a consumer expresses interest in working
- Follow-along supports are continuous for employed consumers



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IROS
Complementary Services

- Complementary Services
  - Medication Education  [Click here to learn more]
  - Symptom Management  [Click here to learn more]
  - Family Support  [Click here to learn more]
  - Therapeutic Behavioral Services  [Click here to learn more

Definitions: Medication Education

- Medication Education
  - Providing the client with information regarding the use of medications in the treatment of their illness, including related efficacy, side effects, and issues that may relate to compliance with the prescribed protocol.
  - The individual is supported in managing their medications, and learning about the effects of the medication on their mental health condition.
  - The ISP shall contain outcome measures that shall be used to demonstrate the effectiveness of the service in promoting improvement into the identified areas.

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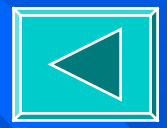
Definitions: Symptom Management



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- Specific and individualized interventions whose primary objective is to reinforce and apply skills developed, in a community based setting, in response to an exacerbation of symptoms which impairs an individuals ability to function in a functional impairment area identified through the eligibility determination process.
- Specific outcome measures are identified on the Individualized Service Plan that may be used to demonstrate that the frequency of target behaviors has declined and that the behaviors are being replaced by adaptive behaviors.

Definitions: Family Support

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- Interventions provided to an individuals family member, significant other, or support person to assist the collateral in identifying and implementing interventions that will promote and enhance recovery, assist the individual in implementing their Crisis Plan, or Wellness and Recovery Action Plan (WRAP)*, or assist the individual in reducing an exacerbation of symptoms.
- Family Support is not a stand alone service, and may only be delivered in conjunction with other services within the IROS Program.

*A Mary Ellen Copeland Program currently provided in our Peer Support Agencies

Definitions: Therapeutic Behavioral Services

- Therapeutic Behavioral Services consist of one-to-one therapeutic contacts with an individual designed to resolve behaviors that jeopardize the client's current living arrangement or assist a client in a transition to a lower level residential placement.
- The Individualized Service Plan identifies the following:
  - Behaviors that jeopardize the living arrangements
  - One-to-one interventions to resolve these target behaviors, ex. Anger management
  - The most effective times to be available to make these interventions

[Click here to learn more]

Definitions: Therapeutic Behavioral Services, continued

- For children, these services are linked with the underlying principles of the PBIS program [Positive Behavioral Intervention Strategies] that BBH and the NH Department of Education and implementing in the school system.
- Outcome measures that may be used to demonstrate that the frequency of target behaviors has declined and that the behaviors are being replaced by adaptive behaviors
- Transition plan to decrease or discontinue TBS when the services are no longer needed, or when the need to continue TBS appears to have reached a plateau in benefit effectiveness

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A note specific to EBP's for Children

- Research in the area of recognized EBP's for children has not been done to the scope or degree of those for Adults.
- While many of the services in IROS will apply to children and adolescents, there are other enhancements to the current array of services that would promote better outcomes if implemented.
- One example is Multisystemic Family Therapy, the principles of which can be incorporated into an ACT model, which will be discussed later in the presentation.

Continued…

A note specific to EBP's for Children, continued

- Another example is Mentoring, which is defined as "a nonprofessional with good child relationship skills helping children increase their engagement in school or in the community after school" *
  - This complementary service, although not part of IROS is being implemented statewide through the FAMILY MENTOR PROGRAM

Continued…

*Burns, B., Hoagwood, K. Community Treatment for Youth. Evidenced Based Interventions for Severe Emotional and Behavioral Disorders. Oxford Press, 2002.

A note specific to EBP's for Children, continued

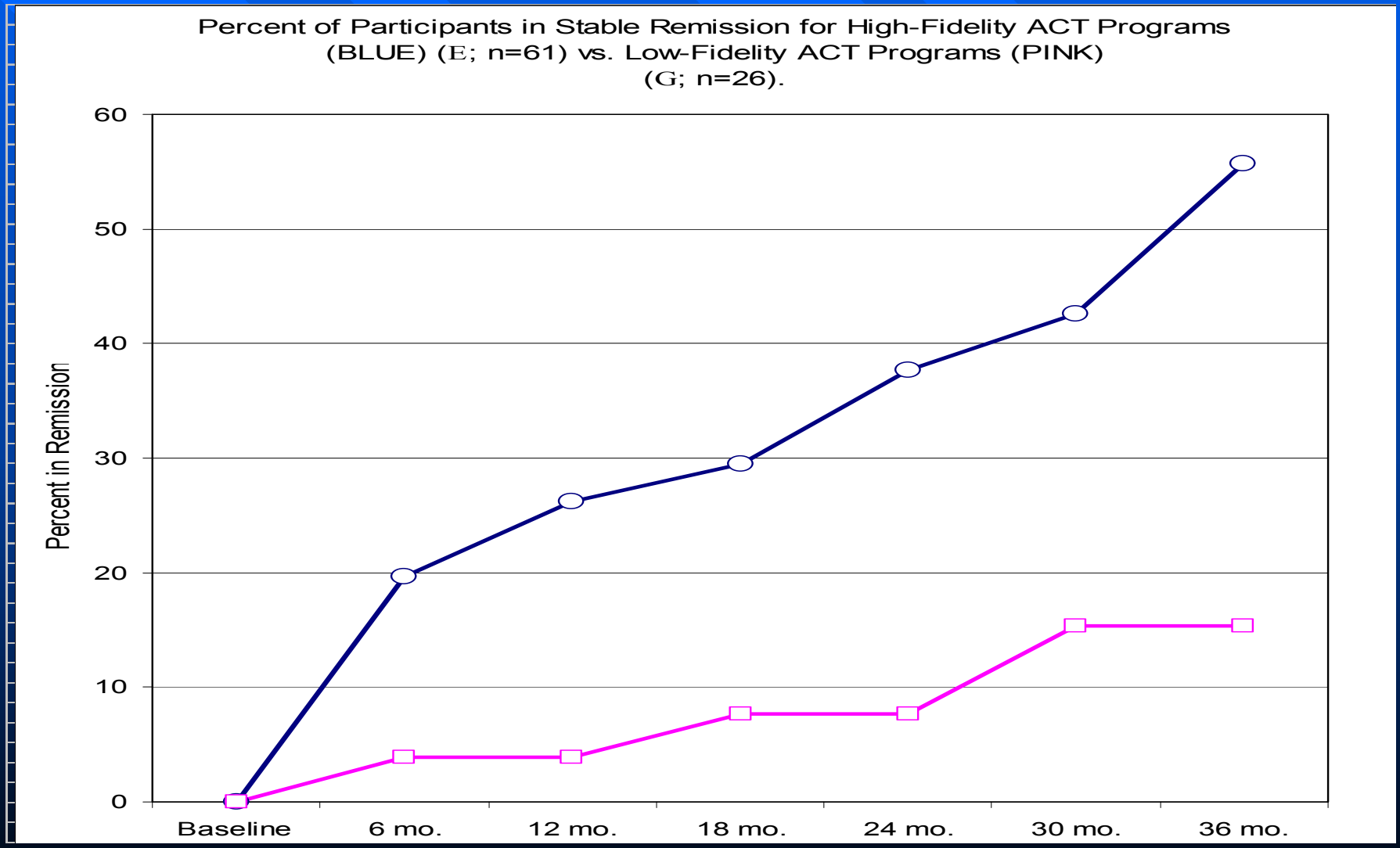
- Additional services include:
  - Family Education and Support, provided for by NAMI, as well as the FAMILY MENTOR PROGRAM
  - Treatment Foster Care: which has been developed in NH through a collaborative effort between DCYF and BBH. Services currently funded through MIMS will be funded through the rate restructuring process, and will be funded as a per-diem service.
  - Finally, Wraparound Services which will be incorporated into changes in the Case Management structure, which will be discussed later in this presentation.

Measuring Adherence and Quality Improvement: EBP Fidelity Scales & General Organizational Index (GOI)

Measuring Adherence and Quality Improvement: EBP Fidelity Scales & General Organizational Index (GOI)

- Measure the degree to which the practice as implemented by the agency follows specified criteria
- Evaluate critical principles and methods based on the critical components of evidenced based practices
- Completed by trained assessors from outside the agency
- Include data from multiple sources
  - Chart reviews- documentation
  - Practitioner, supervisor, and consumer interviews
  - Observations of practitioners, supervision and team meetings
- PRC and BBH will partner in measuring and ensuring Fidelity

Why is Fidelity So Important?



III. Transforming Reimbursement and Cost-containment

A Paradigm Shift from fee-for-service MIMS

To

Reimbursement aligned with the cost of providing services on a modified case-rate basis with built-in cost-containment

IROS Payment Methodology

- IROS will be reimbursed for as a program, and will be paid monthly, based on the number of eligible consumers enrolled in the program, and the number of hours received in services within IROS
- Tiered monthly payment
  - 2-12 hours: Reimbursement Level A
  - 13-25 hours: Reimbursement Level B
  - 26+ hours: Reimbursement Level C

IROS Payment Methodology

- It is anticipated the rates for IROS will remain consistent throughout the implementation period
- As more EBP's are added to the program, however, the required proportion of services delivered that are Evidenced Based will increase, based on contractual requirements
- Reimbursement Levels will need to be determined through an actuarial analysis by an expert in this area.

IROS Payment Methodology, continued

- The monthly rate for the IROS program will be based on cost, and GF savings will be contracted out to the CMHC's to cover a portion of the cost of:
  - Emergency Services– Grant Payment based on # of covered lives in the geographic region
  - Establishment of an indigent care pool for individuals without insurance or other resources, who meet eligibility requirements for state funded services
  - Percentage of funds will be utilized to reset rates for residential care, and base to current cost

IROS Cost Control

- In addition to a tiered, monthly payment structure, BBH will be contracting for the IROS Program, which is fundamentally different from the fee-for-service structure currently in place.
- As a contracted program, CMHC's will be required to propose specific utilization targets and a budget for their IROS program, which BBH will allocate funding to based on available funds for the program.
  - Different from MIMS in that IROS will have a specific funding allocation.

Per-Diem MIMS- Proposed Changes

MIMS are provided to individuals living in a Community Residence, and in their independent living arrangements as a vehicle for supporting community tenure.

Several significant changes are recommended in order to eliminate the MIMS category for services and supports related to living arrangements in the community.

Per-Diem MIMS

- On July 1, 2005 the reimbursement category known as "Per-Diem MIMS" will be eliminated and a new program will be implemented- **Residential Services**
- Creation of 3 service categories, reimbursed via a daily rate
  - **Intensive Residential Services**  **[Learn More]**
  - **Supervised Residential Services**  **[Learn More]**
  - **Family Treatment Homes for Children**

 **[Learn More]**

Definitions: Residential Services, continued

- **Intensive Residential Services**
  - Based on Recommendations of Acute Care Task Force, chaired by Nick Toumpas
  - Establishes a higher level, 24 hour supervised community residence with a higher staffing ratio, higher ratio's of psychiatric and in house nursing support, similar to the Transitional Housing Model at NHH.
  - Target population: individuals at NHH who need an intensively supported living arrangement, and would ordinarily be referred to Transitional Housing Services
  - Rate enhanced over the current rate for Supervised Residential Services
  - Examples: Miller House, Twitchell House for Older Adults, Brown Avenue

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Definitions: Residential Services, continued

- **Supervised Residential Services**
  - Will maintain the definition and service description as outlined in He-M 1002
  - A traditional community residence whose residents require 24 hour supervision, and whose needs can be met with higher client to staff ratios, who are relatively stable psychiatrically, and are moving towards independent living in the community.
  - Anticipated the rate will remain close to current rate
  - Examples: Beaver Lake Lodge, Merrimack Street

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Definitions: Residential Services, continued

- **Family Treatment Homes**
  - Provide short term respite care for children who are experiencing a crisis in their natural home setting, and need a short term therapeutic placement in the community [less than 5 days], with trained providers, in licensed foster care homes.
  - Admission to family treatment homes are with the consent of the parent, and have as their primary objective the reduction of acute symptoms impairing the child's ability to function in the home, school or community.
  - While the stay in the Family Treatment Home is reimbursed on a per-diem rate to cover board and care, services offered are part of the IROS Program, and will not be reimbursed separately.

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Individuals in Independent Living Arrangements

- Supports offered through the services outlined in IROS, Assertive Community Treatment, and other mental health services.
- Anticipated that the majority of supports will be delivered through the IROS complementary services
  - Examples: Medication Support, Symptom Management, and Therapeutic Behavioral Services

Waiver needed?

- As IROS will be designed as a program, with payment based on a 3-tier structure based on # of hours delivered, it is not anticipated NH will need a waiver from CMS
- CMS may need to approve the rate setting methodology

Proposed Implementation Schedule

- December: Work group formed, with fiscal and operations staff to begin implementation process
- Starting January 1, 2005- EBP rollout will commence, and all 5 will be incorporated into IROS within a 36 month period of time  **[Click here to Learn More]**
- Starting January 1, 2005- Rules changes to He-M 426 will be made to define the IROS program and remove Individual MIMS from service definitions, with a target date for JLCAR approval by late spring.
  - Public Comment period in late February, rules revised accordingly
- Beginning January 1, 2005- Rate analysis to commence if resources can be secured to perform the analysis

IMR Implementation Schedule

January 2005 start

Center for Life Management
Genesis Behavioral Health
Mental Health Center of Greater Manchester
Modnadnock Family Services

April 2005 start

Community Council of Nashua
Community Partners
Fellowship Housing Opportunities
Harbor Homes
Nashua Foundation for Mental Health
Riverbend Community Mental Health

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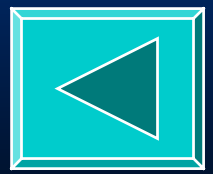

IMR Implementation Schedule, continued

July 2005 start

Northern NH Mental Health and Developmental Services

Seacoast Mental Health Center

West Central Behavioral Health

October 2005 start

New Hampshire Hospital

Secure Psychiatric Unit

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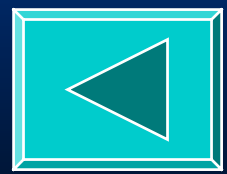
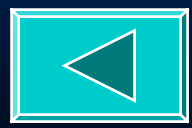


Proposed Implementation Schedule, continued

- February: Establish contractual obligations for mix of services that are Evidenced based for FY 06/07  [Learn more
- March 2005: Target date for Rate analysis to be completed
- March: Request to CMS for approval of Rate and program description
- June: Control memo to EDS establishing new payment for IROS, establish edit to eliminate payment for individual MIMS as of September.
- May and June: Trainings for Providers on complementary service components of IROS
- July 1-New monthly program rate for IROS begins

Contractual Service Mix Provisions

- Phased in over a 3 year period of time
- As each EBP is implemented, the following schedule will be built into CMHC contracts:
  - Year 1: 10% of all services billed under the IROS Program are one of the Evidenced Based Practices
  - Year 2: 25% of all services billed under IROS are Evidenced Based
  - Year 3: 75% of all services billed under IROS are Evidenced Based



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Proposed Implementation Schedule, continued

- Annual Quality Assurance Audits, beginning in the Fall of 2005, will incorporate a Fidelity Assessment into the annual audit.
  - CMHC's will have 6 months following implementation of each EBP to demonstrate adherence to the Fidelity Assessment in order to continue providing and billing for the IROS program
  - Establishment of Programmatic Outcomes that are tied in with PROS:
    - Decreased Utilization of NHH
    - Increased Community Tenure
    - Increased Employment Statistics
    - Graduation to Less Intensive Services/Lower levels of Eligibility

Proposed Implementation Schedule, continued

- Psychiatric Research Center staff will be providing training for CMHC staff for implementation of EBP's
- January 2006, work will commence on developing and integrating a credentialing process for IROS, which will be incorporated into the re-designation process for CMHC's

Case Management

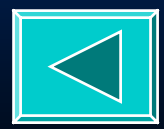
- Redesign of Case Management Services
- Conversion to CARE MANAGEMENT

Case Management

- Conceptual model:
  - Terminology change to CARE MANAGEMENT
  - Establishment of a 2 tiered care management program
    - » Tier 1: Intensive Care Management- ACT model (Assertive Community Treatment)  **[Learn More]**
    - » Tier 2: A lower level care management model
- As an Evidenced Based Practice, ACT will be implemented as part of the EBP implementation schedule being proposed

Definitions: ACT

- ACT
  - A team based approach to the provision of treatment, rehabilitation, and support services. ACT is built around a self-contained multi-disciplinary team that services as the fixed point of responsibility for all patient care for a fixed group of clients. The treatment team provides all client services using a highly integrated approach to care.
  - Recognizing the importance of the IROS program to promoting recovery, individuals enrolled in the ACT program will still have access to IROS, however at a reduced rate of reimbursement.



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Care Management, continued

- Care Management Services will be inclusive of:
  - Wraparound Facilitation
  - Coordination with Primary Care Providers
  - Current components of Case Management
- Specific criteria will be developed for admission and length of stay in both tiers of the Care Management Program
- Reimbursement will be on a monthly basis, and vary dependent on which tier the consumer is enrolled in

Care Management, continued

- Wraparound training, statewide, will be incorporated into the implementation of the CARE Management program.

Investment Costs

Investment Costs

- **Training and Implementation Costs**
  - **$2.6M**
    - **Year 1: $1M**
    - **Year 2: $800K**
    - **Year 3: $800K**
- **Evaluation Study of Implementation, Outcomes and Financial Structure**
  - **$2M**
    - **$500K per year for 4 years**
- **TOTAL: $4.6M**

Next Steps

- Implementation of proposed work plan
- Finalize Programmatic Definitions
- Secure analyst for establishing new rates for IROS, and Residential Care
- Develop a mechanism on the DHHS website to highlight this initiative, and publish updates and information from the Work Group to share with stakeholders and other interested constituents

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